P.001/001 F-324 Health Department and Community Health Center

Dale W. Galassie, M.A., M.S. **Executive Director**

Environmental Hosith Services 121 East Grand Avonue Lake Villa, Illinois 50046-7829 Phone 947 356 6222 Fax 847 356 3606



January 20,2005

Sevenson Environmental Services Inc. 8270 Whitcomb St. Merrillville, Indiana 46410

Re: A/P 134075 PIN# 08-22-100-064 Waukegan Gas and Coke Plant Site Waukegan, IL 60085 OMC MW-1

Dear Steve Sharp:

The Lake County Health Department has received and reviewed your letter outlining the well monitoring abandonment procedure. This Department has no objection to have this well sealed in the manner in which you have described.

Please notify this Department within 48 hrs. prior to sealing the well. We appreciate your cooperation and if you have any questions concerning this matter please contact me at (847) 356-6222 and refer to A/P 134075.

Sincerely,

amie Vi Ropa Arnie Rapa, R.S. Registered Sanitarian

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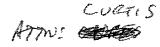


LETTER OF TRANSMITTAL

8270 Whitcomb Street Merrillville, IN 46410 (219) 756-4686

TO: Conestoga-Rover & Associates				DATE: May 26, 2005			
ADDRESS: 8615 West Bryn Mawr Ave.				JOB NO.: E 855			
CITY:	Chicago, IL 6063	1-3501			Vell Abandonment		
ATTEN	TION: Mr. Tim l	_eo		S	ection 02528-3.3 B		
	E BE ADVISED:						
	RE SENDING Y		X Attached	VALTRICC	Under Separate Cover Via The Following:		
	RINTS TWORK	☐ PLANTS ☐ PROOFS	☐ SHOP DRA		☐ SAMPLES ☐ SPECIFICATIONS X COPY OF LETTER(s) ☐ CHANGE ORDER		
	alytical				A corr or letter(s)		
	No. of Copies	Drawing No.	Da	ate	Description		
1	8 8		5/26	5/05	Well Abandonment Logs		
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•			Signed		C. Tayla		
		1					

Document1



DAILY FIELD REPORT TERRA-TRACE Environmental Services

Project No.:	<u>25-0008</u>	Meet at site:	Date: Weds. Jan. 12, 2004	Time: 8:00 a.m.
			25	

Project Name: OMC Superfund Site Well Abandonment

Client	Steve Sharp -	Sevenson Env.]	Phone No.:_	(219)756-4686
~					
	*.				

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8 ₂ 6.	Site Address: 180 Seahorse Dr Waukegan, IL
•	Directions to site: (see map)
	Arrive on site: 0 100 Leave Site: 4:00 Total hours on site: hrs
OME-AN	Well #1 MD Dia: 14 in. Depth: 45 ft. Depth to water: 1/ft. Cover: Flush/stick up () How Do
MO-MUZ	Well #2 NW Dia.: J' in. Depth: 12.5ft. Depth to water: 4 ft. Cover Flush/stick up 2.5642 Cover
MW-95	Well #3 Mil-9 Dia.: 19 in. Depth: 15 ft. Depth to water: 7 ft. Cover: Flush/suck up) 4 gal.
MU-D	Well #4 MW-9Dia: 1 in. Depth: 34 ft. Depth to water: 9 ft. Cover: Flush stick up 7 gs/
EW4	Well #5 Dia.: 2 in. Depth: 325n. Depth to water: 6 ft. Cover: Flush/stick to 751
MW-1D	Well #6 MV Dia.: 1 in. Depth: 79-9ft. Depth to water: \(\forall ft. Cover: \(\forall ft. \) Cover: \(\forall ft. \) \(\forall ft. \)
MW-15	Well #7 Mil Sia.: 1 in. Depth: 15 ft. Depth to water: 1 ft. Cover: Flush stick up 4 34
	Well cluster; #1 15 ft. #2 3 ft. #3 6. #4 3 ft. #4 3 ft. #5 17 ft. Cover: Flush/stick up) 4 13 1
at-	Depth to water: #1 6ft. #2 ft. #3 ft. #4 ft. #5 ft.
**	Client Approval: C. Taylon Date: 1/12/05
	TERRA-TRACE Representative: Date: 12 05
124	

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WELL SEALING FORM

Lake County Health Department Environmental Health Services

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3919 Grand Ave Waukegan & 60865 (667) 369-5140 121 E. Grand Ave Lake Villa IL 60046 (847) 356-6222 113 S. Main Street Westconda IL 60484 (847) 525-1125

This form shall be submitted to the Lake County I well is sealed. Such wells and borings must be seal langer used to provide water, or are in such a state of into an aquifer or otherwise threaten the public health	ed not more than I disrepair that th	ey have the potential for transmitting contaminants	
Properly Location:	A CONTRACTOR OF THE PROPERTY O	Well # (if applicable) OMC-Mw	
Street 180 SEA HOUSE PR.		City WAUKEGEW	
Township (County	TWE OMURI	OME SUPERFUND SITE	
Section 22 Twp. 45 (N) Range	12(5)	NE 14 of the NE 14 of the 14	
PERMANENT INDEX NO. (P.I.N.)	antituden displacing versioniste versioniste ingen	Some-differed internal including the production of the contraction of	
Well information:	the colonians colonism and colorism and colonism and colorism and colonism and colonism and colonism and colonism and colo	BANGE STREET STR	
Type of Weit: Drilled X Driven	Dug	Other	
Total Well depth: 8 ft. Static		ft. Diameter: /, 5 (n)ft.	
Formation clear of obstruction(s)? YES	_NO_X_	Depth to obstruction: 4.5 ft.	
Original construction permit number (if known):		Depth to end of casing: 6.0 ft	
Reason(s) for sealing well: flukon AT Sc	ALEN/EXC	ANATION TO REMEDIATE SOIL	
Upper 2 feet of casing/lining removed? YES		If NO, Reason:	
Was the well located in pit? YES NO _Y		roperly eliminated? YESNO	
Details of Plugging Starting at Bottom of Hole	1	Welf Disinfected? YES NO _と	
From: Q ft. To: O	ft.	Material: NEAT COMENT GROWT	
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Address: 28913 HEALPY OR #305	4	ng right of the control of the contr	
LATER BLUFF IL GOOTY	Note the second	TOPPOSE.	
	A Second	\	
Signature: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>		
Date Well Was Sealed: 4/28/07	depol/Miles	● GUMO HOKE	
For Office Use Only	and the second s	went -	
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Sealing witnessed by:	***************************************	<u> </u>	
Date:		appowed.	
OR	The same of the sa	BOMBADIER SITE	
Sealing verified by:	thigosay	Name And State State	
Date:	Indicate location	on of sealed well relative to two permanent landmarks	

Lake County Health Department Environmental Health Services

	For Office Use Only
File# -	
State ID #	



3019 Grand Ave Waukegan IL 60085 (847) 360-8740 121 E. Grand Ave Lake Villa IL 60046 (847) 356-6222 118 S. Main Street Wauconda IL 69084 (847) 526-1125

well is sealed. Such wells and borings must be seale longer used to provide water, or are in such a state of into an aquifer or otherwise threaten the public health of	Health Department when any water well, boring or monitoring ed not more than 30 days after they are abandoned and/or are no f disrepair that they have the potential for transmitting contaminants or safety.
Property Location:	Well # (if applicable) <u>o.m.c. M.</u>
Street 180 SEAHLASE M.	City WAUKETOW
Township County	LAKE OWNER OME SUPERFUND SITE
Section 22 Twp. 45(N) Range	17 (E) NE 1/4 of the NE 1/4 of the 1/4
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Well Information:	
Type of Well: Drilled χ Driven	Dug Other
Total Well depth: 7.5 ft. Static le	
Formation clear of obstruction(s)? YES X	
Original construction permit number (if known):	Depth to end of casing: 12.5 ft.
Reason(s) for sealing well: EXCAVATION TO	o light soil
Upper 2 feet of casing/lining removed? YES >	
Was the well located in pit? YES NO	Was the pit properly eliminated? YESNO
Details of Plugging Starting at Bottom of Hole	Well Disinfected? YES NO
From: 12.5 ft. To: 0	ft. Material: NEAT CEMENT GRENT
From: ft. To:	ft. Material: 2500
From: ft. To:	ft. Material:
1 (0)	
Contractor Information:	Indicate North
Name: TRACE-TRACE SNV. SUCS	1908: 4
License Number: -	
Address: 2813 HEARY DR. #305	
LAKE BLUFF IL GODIFY	X 1 X X
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Signature: Alam	ole
Date Well Was Sealed: 1/12/0 5	Pale New GUARD HOUSE
	L Serv
For Office Use Only	
Sealing witnessed by:	
Date:	The state of the s
OR	1
Sealing verified by:	COMBASIER SIZE
Date:	Indicate location of sealed well relative to two permanent landmarks

Lake County Health Department Environmental Health Services

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Property Location:	Well # (if applicable) <u>M W - う</u>
Street 180 SEA HOUSE ON.	City WAYEGAL
Township County 1	AKE OWNER OME SUPER FUND SITE
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Upper 2 feet of casing/lining removed? YES X	Depth to obstruction: ft. Depth to end of casing: 15.0 ft. MEMBRITE Solve
Details of Plugging Starting at Bottom of Hole	Well Disinfected? YESNO _A
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From: ft. To:	ft. Material: 4 Gol
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From: ft. To:	ft. Naterial:
From: ft. To:	ft. Material:
Contractor Information: Name: TOPPA-NAME ENV. SUCS License Number: Address: 28913 HANG GR. #366 LACEBUN RF, LL GONFY Signature: Date Well Was Sealed: 1/12/06 For Office Use Only Sealing witnessed by: Date: OR	Indicate North Nor
Sealing verified by: Date:	Indicate location of sealed well relative to two permanent landmarks

Lake County Health Department Environmental Health Services

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121 E. Grand Ave Lake Ville IL 50046 (847) 355-6722

118 S. Wain Street Viewords IL 80004 (BAT) 526-1125

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WELL SEALING FORM
Lake County Health Department
Environmental Health Services

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3810 Grand Ave Waskegan IL 60985 (847) 350-5740

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121 E. Grand Ave Lake Villa II. 50046 (347) 355-6222 118 S. Main Street Warscooks 11. 50884 (847) 525-1125

This form shall be submitted to the Lake County	Health Department when any water well, boring or monitoring led not more than 30 days after they are abandoned and/or are no
well is sealed. Such wells and builtings must be sear	f disrepair that they have the polential for transmitting contaminants
into an aquifer or otherwise threaten the public nearing	or safety Well # (if applicable) EW - 4
Property Location:	
Street 180 SEA HOUSE DR.	City
Township County	LAKE OWNEY
Section C2 Twp. 45 (N) Range	12 (E) NE 14 of the NE 14 of the 114
PERMANENT INDEX NO. (P.LN.)	MA CONTRACTOR OF THE PROPERTY
Well information:	- Addressing State State Company of the Company of
Type of Well: Drilled X Driven	Dug Other
Total Well depth: 32.5 ft. Static	
Formation clear of obstruction(s)? YES X	NO Depth to obstruction: 12
Original construction permit number (if known):	Depth to end of casing: 32. \ ft
Reason(s) for sealing well: EXCNUATION]	D REMBRIATE SOLL
Upper 2 feet of casing/lining removed? YES	X NO If NO, Reason: Was the nit property eliminated? YES NO
Was the well located in pit? YESNO_X	Was the pit properly eliminated? YESNO
Details of Plugging Starting at Bottom of Hole	Well Disinfected? YES NO _&
From: 32.5 ft. To: 0	ft. Material: NGAT CEMENT GROWT
From: ft. To:	ft. Material: 7 gal
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Lake County Health Department Environmental Health Services

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3910 Grand Ave Waukegen IL 69085 (847) 360-6740 121 E. Grand Ave Lake Villa IL 60045 (847) 385-6222 118 S. Main Street Waxeonda IL 60084 (847) 526-1125

well is sealed. Such wells and borings must be seal longer used to provide water, or are in such a state o into an aquifer or otherwise threaten the public health	
Property Location:	Well # (if applicable) Mω- / β
Street 180 SGATTORSE ON.	City WAVECOR
Township County	LAKE OWNER DILL SUPBLE FUNDSITE
Section 22 Twp. 45(N) Range	12 (E) NE im of the NE 114 of the 114
PERMANENT INDEX NO. (P.LN.)	
Well Information:	
Type of Well: Drilled Y Driven	Dug Other
Total Well depth: 295 ft. Static	level 8.0 ft. Diameter: 2.0 (n)/ft.
Formation clear of obstruction(s)? YES X	
Original construction permit number (if known):	Depth to end of casing: 29, 5 ft.
Reason(s) for sealing well: Excention	
	× NO If NO, Reason:
	_ Was the pit properly eliminated? YES NO
Details of Plugging Starting at Bottom of Hole	Well Disinfected? YESNO _>
From: 29.5 ft. To: 0	ft. Material: NGAT LEVENT GRAT
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Contractor Information: Name: TESCA-TRACE ISNU. SUCS	Indicate North
License Number: -	
Address: 28913 Heaky Of #3:5	1 a wen
LAKE BURT 4 GOOGLE	
Signature: Min	The second secon
Date Well Was Sealed: 1/12/05	I consider
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Sealing witnessed by:	Design to the second se
Date:	
OR .	Caricles On.
Sealing verified by:	
Date:	indicate location of sealed well relative to two permanent landmarks

Lake County Health Department Environmental Health Services

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Lake County

3010 Grand Ave Waukegan IL 59025 (647) 360-6740 121 E. Grand Ave Lake Ville IL 60948 (847) 355-5222 118 S. Main Street Wauconda R. 80884 (847) 526-1126

well is sealed. Such wells and horizon must be seak	lealth Department when any water well, boring or monitoring ed not more than 30 days after they are abandoned and/or are no
longer used to provide water, or are in such a state of	disrepair that they have the potential for transmitting contaminants
into an aquifer or otherwise threaten the public health	or salety. Well # (if applicable) ਅ⊌ਾ}
Property Location: Street 180 SCAHOGSE DR.	City MARKETON
Township County	
Section 12 Twp. 45(N) Range	12(E) NE 14 of the NE 14 of the 14
PERMANENT INDEX NO. (P.I.N.)	Mile All-Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti
Weil Information:	
Type of Well: Drilled X Driven	Other
Total Well depth: 17.5 ft. Static I	
Formation clear of obstruction(s)? YES X	
Original construction permit number (if known):	Depth to end of casing: 17.5 ft.
Reason(s) for sealing well. EXCAVATION TO	
	C NO If NO, Reason:
Was the well located in pit? YESNO_X_	
Details of Plugging Starting at Bottom of Hole	Well Disinfected? YESNO
From: $\frac{19}{5}$ ft. To: $\frac{1}{2}$	fl. Material: NEGT CAMOUT GROWT
From: ft. To:	ft. Material: 4 gal
From: ft. To:	ft. Material:
From: ft. To:	fi. Material:
Contractor Information:	Indicate North North
Name: TBRRA-TYGRE GAV. SUCS	North X T
License Number:	- wer
Address: 28913 HERRY BC. #30(
nouross. Dog [] House [BC: #35]	
11 2	M xx
Signature: Afficial Control	
Date Well Was Sealed: (12/05	1 Deservation
For Office Use Only	* Exercise 1
Sealing witnessed by:	
Date:	The second second
OR .	Carpet M.
Sealing verified by:	- American Company of the Company of
Date:	indicate location of sealed well relative to two permanent landmarks
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WELL SEALING FORM

Lake County Health Department Environmental Health Services

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Lake County

3010 Grand Ave Weshegen H. 90035 (847) 390-8740 121 E. Grand Ave Lake Villa 1L 60049 (847) 355-5222 118 S. Wain Street Wauconda IL 60884 (847) 526-4125

This form shall be submitted to the Lake County Health Department when any water well, boring or monitoring welf is sealed. Such wells and borings must be sealed not more than 30 days after they are abandoned and/or are no longer used to provide water, or are in such a state of disrepair that they have the potential for transmitting contaminants into an aquifer or otherwise threaten the public health or safety. Well # (if applicable) WN-3 Property Location: 80 SEAHOUSE Street City WAUKEGAN LAKE OWNER Township COUNTY SUPERFUNDS LITE Section uf ((N) Range NE 14 of the NE 114 of the Twp. 亿 (E) PERMANENT INDEX NO. (P.I.N.) Well Information: Driffed Driven Type of Well: Dua 32 Static level Diameter: (in)/ft. Total Well depth: Formation clear of obstruction(s)? YES K Depth to obstruction: 54 33 Depth to end of casing: Original construction permit number (if known): ŧ. Reason(s) for sealing well: EKCAVATE TO REMEDIATE Upper 2 feet of casing/lining removed? YES NO NO If NO, Reason: NOX Was the well located in pit? YES Was the pit property eliminated? YES NO Details of Plugging Starting at Bottom of Hole Well Disinfected? NO From: 1 Material: 32-5 鼚. To: NEAT COM From: Ñ. Ñ. To: Material: From: 我. Ť. To: Materiai: From: ft. To: 1 Material: From: ñ. To: A. Material: From: ft. Material: To: ñ. From: ft. 氘. To: Material: From: Ħ. To: Material: Month N Contractor Information: ENU. SUCS Name: License Number: Address: 28719 17242 wast. Signature: Date Well Was Sealed: CATSYLVETTEN For Office Use Only TEMICY Sealing witnessed by: Date: OR concasti ac Sealing verified by: Date: indicate location of sealed well relative to two permanent lendmarks

TELEFAX TRANSMITTAL SHEET

SEVENSON ENVIRONMENTAL SERVICES, INC. - MIDWEST DIVISION - Rec'd C

8270 Whitcomb Street Merrillville, IN 46410 Phone (219) 756-4686 Fax (219) 756-4687 Rec'd CRA JAN 1 1 2004

DATE: 11 January 2005	TIME: 8:40 AM	# OF PAGES: 13
TO: Tim Leo		
COMPANY: CRA		
TELECOPIER NUMBER: 847-	336-9056	
TELEPHONE NUMBER: 847-3	336-6552	
		· · · · · · · · · · · · · · · · · · ·
FROM: Steve Sharp		
MESSAGE:		
Tim -		
Monitoring wall cooling permit on	disation is seenahad. I smake	with Arnie Rapa this morning. The permit is
	•	mit is mailed to us. He doesn't want to hold
	•	will be on-site tomorrow to spot-check the
work.	•	The second secon
- Steve		
SENT BY: SES		



Mr. Arnie Rapa Lake County Health Department 3010 Grand Avenue Waukegan, IL 60085 January 4, 2005

Monitoring Well Sealing Permit Applications

Waukegan Manufactured Gas and Coke Plant Site

Waukegan, Illinois

Dear Mr. Rapa:

Pursuant to our recent phone conversation, Sevenson Environmental Services, Inc. (Sevenson) submits permit applications for eight (8) monitoring wells to be sealed/abandoned at the above-referenced site. We have also enclosed a check in the amount of \$624.00 to cover the permit fees, well sealing procedures, and a site plan showing the locations of the wells to be sealed.

Sevenson is the general contractor at this Superfund site. We will employ the services of Terra-Trace Environmental Services to perform the well(s) sealing. We have tentatively scheduled the work for the week of January 10th.

Sevenson appreciates your prompt response to our permit application. If you have any questions, please do not hesitate to call me at (219) 756-4686.

Very truly yours,

Sevenson Environmental Services, Inc.

Stephen E. Sharp

Project Manager

Attachments

Lake County	WATER WELL APPLICA Environmental Health		For Office Use Only
3010 Grand Ave Waukegan IL 60085 (847) 360-6740	Lake Villa IL 60046 W	8 S. Main St auconda IL 60084 47) 526-1125	File # State ID # Approved by Date
PERMIT FEES: REQUIRED !	PER ARTICLE XIII. () CONST	RUCTION (X) SEAL	ING () DEEPENING
to any work being conducted of	on the well. Permit approval is bas rovided without approval by this of	ed on all information pro	wided. Any changes in the well
1. Well Owner- Current Mai	ling Address	2. Contractor Lic.	# <u>NA</u>
PERFORMING SETTLING Name FOR OFFIABLE U	LDEFENDANTS	Name	ENVIRENMENTAL SERVICES
OMC SUPERFUR	10 SITE	28913 ItERK	4 02 # 305
Address WAUFECAU IL City State	60085	LMFE BLUFF	1L 60044
City State	Zip	City State	Žip
Telephone (847) 336	- 9054	Telephone (847)	549 - 8002
3. Location - County Street 180 569 16 Lot # E Section 22 NE/4 Quarter	Subdivis Township 45	Township ion Name (N) Range Quarter of the	12 (E) Quarter
PERMANENT INDEX NO. (P	I.N.) EPA ID IL!	000801827	-
4. Water Well Information	MW-15		
4. Water Well Information a. Type of Well	MW-/5 b. The proposed well will s	upply water for a:	
4. Water Well Information a. Type of Well Drilled	MW-/S b. The proposed well will s 1. Private wate	upply water for a: r system (Serves an o	wner occupied residence)
4. Water Well Information a. Type of Well	b. The proposed well will s 1. Private wate 2. Semi-private	upply water for a: r system (Serves an or water system (Serves	wner occupied residence)
4. Water Well Information a. Type of Well Drilled X Driven Dug	b. The proposed well will s 1. Private wate 2. Semi-private 3. Non-commu	upply water for a: r system (Serves an or water system (Serves nity water supply (Sen	wner occupied residence) less than 25 persons)
4 Water Well Information a. Type of Well Drilled X Driven Dug Other c. Diameter 2 Ft.(in.)	b. The proposed well will s 1. Private wate 2. Semi-private 3. Non-commu X 4. Non-potable Anticipated Depth 15	upply water for a: r system (Serves an or water system (Serves nity water supply (Serwater well (specify): //	wher occupied residence) iless than 25 persons) ves 25 or more non-residents) Maritariac well or Unitable Lange (5,400)
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4. Water Well Information a. Type of Well Drilled X Driven Dug Other c. Diameter 2 Ft (in.) d. Is there another well on the e. Is the well to be sealed loc f. If yes to "e," the pit will be g. Reason(s) for request to re h. Is public water available?	b. The proposed well will s 1. Private wate 2. Semi-private 3. Non-commu X 4. Non-potable Anticipated Depth 15 e property? []YES []N cated in a pit? []YES [X] eliminated by: [] Contractor etain pit []YES []NO If y	upply water for a: r system (Serves an or water system (Serves nity water supply (Serves water well (specify): Ft. Proposed Aquife Off YES, the well will NO [] Owner [] If yes, distance to the put	wner occupied residence) less than 25 persons) ves 25 or more non-residents) MONITORING WELL or UNICONSOLIDATED (SAND I be: [] Used [] Sealed Retained Disc supply Ft.

Along with this application you must provide a drawing of the property in accordance with Article XV.

Lake County	WATER WELL APP Environmental	PLICATION/PERMIT Health Services	For Office Use Only
3010 Grand Ave Waukegan IL 60085 (847) 360-6740	121 E. Grand Ave Lake Villa IL 50046 (847) 356-6222	118 S, Main St Wauconda IL 60084 (847) 526-1125	State ID # Approved by Date
PERMIT FEES: REQUIRED PEI Complete this application and ret to any work being conducted on to location or other information prov	um it to this Department on the well. Permit approval	with the appropriate fee. The is based on all information p	application must be approved prior rovided. Any changes in the well
1, Well Owner- Current Mailing	Address	2. Contractor Li	c# <u>WA</u> -
PERFORMING SETTLING Name FOR OPERAGIE UN OMC SUPERFUND Address WAUKECAU IL G City State	517E	Name 289131 16 2 Address	ENVIRONMENTAL SERVICES (4 02. # 305 - 16 600 44 Te Zip
Telephone (847) 336	- 9054	Telephone (8 47	549 - 8002
3. Location - County Street 180 SEA rol3 Lot # Blk Section 7-2 NE/4 Quarter of	Su Township 45 the <u>NE 74</u>		12 (E) Quarter
PERMANENT INDEX NO. (P.I.)	I.) EPA ID	ILD 00080282	
4. Water Well Information a. Type of Well Drilled X Driven Dug Other C. Diarneter 2 Ft. In. Anticipated Depth 30 Ft. Proposed Aquifer UNCALOLOMIEO (SANO) d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed e. Is the well to be sealed located in a pit? [] YES [] NO f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained 9. Reason(s) for request to retain pit: h. Is public water available? [] YES [] NO If yes, distance to the public supply Ft.			
# People Served	Pump Cap gpm	Type of Storage 1	
Gallons of Storage	Cut-in/Cut-out	Type of Facility	
1/3/05		- Mr=	

Lake County Health Department WATER WELL APPLICATION Environmental Health S	ervices
Waukegan IL 60085 Lake Villa IL 50046 Wau (847) 350-5740 (847) 356-6222 (847)	File # State ID # conda IL 60084 Approved by 1526-1125 Date
PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION Complete this application and return it to this Department with the attempt to any work being conducted on the well. Permit approval is based location or other information provided without approval by this office.	on all information provided. Any changes in the well
1. Well Owner- Current Mailing Address	2. Contractor Lic.# NA -
PERFORMING SETTLING DEFENDANTS Name FOR OPERABLE UNIT Z OF THE OMC. SUPERFUND SITE Address WAJKEGAJ IL 60085 City State Zip	Name 289131462KY 02. # 305 Address LMFE BLUSF 11 600 + Y City State Zip
Telephone (847) 336 - 9056	Telephone (847) 549 - 8002
Street 180 SCA HOLSE DR. Lot # Blk Subdivision Section 72 Township 45 (N NE/4 Quarter of the NE/4 PERMANENT INDEX NO. (P.I.N.) EFATD ILD 000	Range 12 (E) Quarter of the Quarter
PERMANENT ROCK NO. (P.S.N.)	
Driven Dug Other C. Diameter C. Diameter Diameter	ystem (Serves an owner occupied residence) aler system (Serves less than 25 persons) y water supply (Serves 25 or more non-residents) ater well (specify): MONITORING WELL Proposed Aquifer UNCONSOLIDATED (SAND) If YES, the well will be: [] Used [] Sealed [] Owner [] Retained 5, distance to the public supply Ft.
5. Complete this section if the well is to serve a semi-private of # People Served Pump Cap gpm	Type of Storage Tank
Gallons of Storage Cur-in/Cut-out	Type of Facility
1/02/15	

Lake County	WATER WELL APPLICATION/PER Environmental Health Services	
3010 Grand Ave Waukegan IL 50085 (847) 350-6740	121 E. Grand Ave Lake Villa IL 60046 Wauconda (847) 356-6222 (847) 526-11	IL 60084 Approved by Date
Complete this application and refuto any work being conducted on t	ARTICLE XIII. () CONSTRUCTION orm it to this Department with the appropria ne well. Permit approval is based on all in ded without approval by this office may re	ate fee. The application must be approved prior aformation provided. Any changes in the well
1. Well Owner- Current Mailing	Address 2. Co	intractor Lic.# NA -
PERFORMING SETTLING Name FOR OPERABLE UN OM C SUPERFUND Address WAUKERN IL G City State	517E Name 517E 28° Addre	A. TRACE ENVIRONMENTAL SERVICES 13 HERKY DZ. # 305 55 EBLUT IL 60044 State Zip
Telephone (847) 334	•	hone (847) 549 - 8002
3. Location - County Street 180 5 6 Hals Lot # Blk Section 22 NE /4 Quarter of PERMANENT INDEX NO. (P.I.N	Township 45 (N) the NE 14 Quart	Range 12 (E) er of the Quarter
4. Water Well Information a. Type of Well Drilled X Drivan Dug Other	Semi-private water sys Non-community water	er for a: Serves an owner occupied residence) stem (Serves less than 25 persons) supply (Serves 25 or more non-residents) Il (specify): Moritalia (r will
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h. Is public water available?	[]YES []NO If yes, distan	ice to the public supply Ft.
5. Complete this section if the v # People Served Gallons of Storage		ommunity supply. of Storage Tank of Facility
1/3/05	1/1	Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.

rev 12/97

Lake County	WATER WELL APPLIC	ATION/PERMIT	For Office Use Only
Health Department	Environmental Hea	Ith Services	
			File #
3010 Grand Ave		118 S. Main St	State ID #
Waukegan IL 60085		Wauconda IL 50084	Approved by
(847) 360-6740	(847) 356-6222	(847) 526-1125	Date
PERMIT FEES: REQUIRED PE			
			pplication must be approved prior
location or other information pro			ovided. Any changes in the well
location of other internation pro	mice without approver of and	omeo may resum in pomi	
1. Well Owner- Current Mailir		2. Contractor Lic	
PERFORMING SETTLING Name FOR OPERAGE UP	DEFENDANTS	TERRA-TYRALE	ENVIRAMENTAL SERVICES
		Name 2 2 9 / 3 /+c//	cy 02. # 305
Address		Address	
WAJKEGAJ IL (60085	LAKE BLUFF	11 60044 e Zip
City State	Zip	City State	e Zip
Telephone (847) 334	- 9056	Telephone (847)	549 - 8002
3. Location - County	LAKE (IN WAUFEGA	ل ا
Street 180 SEA HOL	SE DR.	Township	
Lot # Blk		ision Name	
Section 22	Township 45	(N) Range	12 (E)
NE/4 Quarter		(N) Range Quarter of the	12 (E) Quarter
	of the NE 14	Quarter of the	
NE/4 Quarter	of the <u>NE 14</u> N.) EPA ID ILD	Quarter of the	
NE/4 Quarter	of the NE 14	Quarter of the	
PERMANENT INDEX NO. (P.I.	of the <u>NE 14</u> N.) EPA ID ILD	Quarter of the 000802821	
PERMANENT INDEX NO. (P.I. 4. Water Well Information	of the NE 1/4 N.) EPA ID ILD EW-4 b. The proposed well will	Quarter of the ODO 802821 supply water for a:	
PERMANENT INDEX NO. (P.I. 4. Water Well Information a. Type of Well	of the NE 1/4 N.) EPA ID ILD EW-4 b. The proposed well will 1. Private wa	Quarter of the ODO 802821 supply water for a:	Quarter Quarter
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PERMANENT INDEX NO. (P.I. 4. Water Well Information a. Type of Wall Drilled X Driven Dug Other c. Diameter Z Ft/In d. Is there another well on the e. Is the well to be sealed loca f. If yes to "e," the pit will be el g. Reason(s) for request to ret h. Is public water available? 5. Complete this section if the # People Served	EW-4 b. The proposed well will 1. Private wa 2. Semi-priva 3. Non-comm X 4. Non-potab Anticipated Depth 30 property? [] YES [] ted in a pit? [] YES [X liminated by: [] Contractorain pit: [] YES [] NO I well is to serve a semi-privice Pump Cap gpm	Quarter of the ODOBO2821_ supply water for a: ter system (Serves an o te water system (Serves nunity water supply (Ser water well (specify): Ft. Proposed Aquife NO If YES, the well wi () NO r [] Owner [] f yes, distance to the pu ate or non-community a	Ouarter Winer occupied residence) s less than 25 persons) ves 25 or more non-residents) MG-1TDQ1-2(r WELL or UNCO-15-L-DATEO (SANO Ill be: [] Used [] Sealed Retained splic supply F1.

Lake County WATER WELL APPLIE Health Department Environmental He	
3010 Grand Ave Waukegan IL 60085 Lake Villa IL 50046 (847) 360-6740 (847) 356-6222	118 S, Main St
PERMIT FEES: REQUIRED PER ARTICLE XIII. () COM- Complete this application and return it to this Department with to any work being conducted on the well. Permit approval is location or other information provided without approval by this	the appropriate fee.The application must be approved prior based on all information provided. Any changes in the well
Well Owner- Current Mailing Address	2. Contractor Lic.# NA -
PERFORMING SETTLING DEFENDANTS Name FOR OPERABLE UN. 72 OF THE OMC SUPERFUND SITE Address WAUKELAJ IL 60085 City State Zip	TELLA TRACE ENVIRONMENTAL SERVICES Name 28913 HERKY DR. # 305 Address LIMKE BLUCE IL 600 + 4 City State Zip
Telephone (847) 334 - 9054	Telephone (847) 549 - 8002
Street 180 SEA HOLSE OR. Lot # Blk Subdivine Subdivine AS NE /4 Quarter of the NE /4	City WAUFEGAD Township vision Name (N) Range 12 (E) Quarter of the Quarter
PERMANENT INDEX NO. (P.I.N.) EPA 15 1	LDC00802827
Driven 2. Semi-priv. Dug 3. Non-com	ater system (Serves an owner occupied residence) ate water system (Serves less than 25 persons) munity water supply (Serves 25 or more non-residents) ble water well (specify): Modificals Confidence Ft. Proposed Aquifer Unication (AATEO (5 AMO))
e. Is the well to be sealed located in a pit? [] YES [×1NO
f. If yes to "e," the pit will be eliminated by: [] Contract q. Reason(s) for request to retain pit:	or []Owner []Retained
	If yes, distance to the public supply Ft.
5. Complete this section if the well is to serve a semi-priv	
# People Served Pump Cap gpm Gailons of Storage Cut-in/Cut-out	Type of Storage Tank Type of Facility

Along with this application you must provide a drawing of the property in accordance with Article XV.

12/97 rev

Lake County	WATER WELL APPI Environmental H		For Office Use Only
3010 Grand Ave Waukegan IL 60085 (847) 360-6740	121 E. Grand Ave Lake Villa IL 60046 (847) 356-6222	118 S. Main St Wauconda IL 60084 (847) 526-1125	State ID # Approved by Date
PERMIT FEES: REQUIRED PER Complete this application and return to any work being conducted on the location or other information provide	n it to this Department was well. Permit approval i	ith the appropriate fee.The as s based on all Information pr	pplication must be approved prior ovided. Any changes in the well
1. Well Owner- Current Mailing	Address	2. Contractor Lic	# NA -
PERFORMING SETTLING D Name FOR OPERAGE UN. OM C SUPERFUND S Address WAJKECAJ IL GO City State Telephone (847) 334	EFENDANTS T2 OF THE ELTE 0085 Zip	Name 289131464K Address LNTEBLUE City State	15. 600 4 4 5. 549 - 800 2
3. Location - County Street 180 SEA HOLSE Lot # Blk Section 72 NE /4 Quarter of to PERMANENT INDEX NO. (P.I.N.)	Sub Township 45 he <u>NE74</u>	City WAUFEGA Township division Name (N) Range Quarter of the	12 (E) Quarter
4. Water Well Information	OM C-MW-1		
a. Type of Well	b. The proposed well		
Drilled X		water system (Serves an o ivate water system (Serves	
Dug			ves 25 or more non-residents)
Other	X 4, Non-pol		
	41	able water well (specify):	MONITORING WELL
c, Diameter 2 Ft(n) A	nticipated Depth	able water well (spacify): Ft. Proposed Aquife	MONITORING WELL ON UNIONSOLIDATED (SAND
c. Diameter 2 Ft(n) Al	nticipated Depth 15	able water well (specify): Ft. Proposed Aquife INO If YES, the well wi	MONITORING WELL ON UNIONSOLIDATED (SAND
c, Diameter 2 Ft(n) A	nticipated Depth	able water well (spacify): Ft. Proposed Aquife NO If YES, the well we X NO	MONITORING WELL OF UNIONSOLIDATED (SAND Il be: [] Used [] Sealed
c. Diameter 2 Ft(n) Ard, is there another well on the property of the well to be sealed located	nticipated Depth	able water well (spacify): Ft. Proposed Aquife NO If YES, the well we X NO	MONITORING WELL OF UNIONSOLIDATED (SAND Il be: [] Used [] Sealed
c. Diameter 2 Ft/in Ard. Is there another well on the property of the well to be sealed located for the property of the proper	nticipated Depth	Able water well (spacify): Ft. Proposed Aquife NO if YES, the well wi X NO ctor [] Owner []	Mort Tooto に WELL or United Section (SAND) Il be: [] Used [] Sealed Retained
c. Diameter 2 From A. d. Is there another well on the pro- e. Is the well to be sealed located f. If yes to "e," the pit will be elim g. Reason(s) for request to retain h. Is public water available?	nticipated Depth	able water well (spacify): Ft. Proposed Aquife NO if YES, the well wi X NO ctor [] Owner [] If yes, distance to the pu	Mort Tooto に WELL or United LongEO (SANO Il be: [] Used [] Sealed Retained blic supply Ft.
c. Diameter 2 Figh. And Is there another well on the property of the well to be sealed located for the year of the property of the well as the property of the	nticipated Depth	able water well (spacify): Proposed Aquife NO if YES, the well wi NO ctor [] Owner [] If yes, distance to the purify at the or non-community series.	Mod TOOLOU WELL of United Section Il be: [] Used [] Sealed Retained blic supply Ft.
c. Diameter 2 From Ard. Is there another well on the property of the well to be sealed located for the year of the property of the property of the property of the well as a complete this section if the well People Served	nticipated Depth	able water well (spacify): Ft. Proposed Aquife NO if YES, the well wi X NO ctor [] Owner [] If yes, distance to the pu	Mod TOOLOU WELL of United Section Il be: [] Used [] Sealed Retained blic supply Ft.
c. Diameter 2 From Ard. Is there another well on the property of the well to be sealed located for the year of the property of the property of the property of the well as a complete this section if the well People Served	nticipated Depth	able water well (spacify): Ft. Proposed Aquife NO if YES, the well wi X NO ctor [] Owner [] If yes, distance to the pu rivate or non-community s Type of Storage T	Mod Tools Well or United SAND Il be: [] Used [] Sealed Retained blic supply Ft.

	Y WATER WELL MELL	ICATION/PERMIT	For Office Use Only
Lake Count	Environmental H	ealth Services	
		448.0.44	File#
3010 Grand Ave	121 E. Grand Ave	118 S. Main St	State ID #
Waukegan IL 6001	85 Lake Vills 1L 60046 (847) 356-6222	Wauconda IL 60084 (847) 526-1125	Approved by Date
(847) 360-6740	(041) 330-0222	(441) 360" (164	
PERMIT FEES: REQUIRE	D PER ARTICLE XIII. () CC	INSTRUCTION (X) SEA	LING () DEEPENING
Complete this application at	no return it to this Department w id on the well. Permit approvation	ur use appropriate rec. The a s based on all information or	pplication must be approved prior ovided. Any changes in the well
iocation or other information	provided without approval by the	is office may result in permit	revocation.
1. Well Owner- Current N		2. Contractor Lic	474
PERFORMING SETTLI	NU DEFENDANTS	TERRA-TRACE	BNUIRAMENAL SERVICES
PERFORMING SETTLY Name FOR OPERABLE		Name	
OML SUPERF		289131teek	ty DR. # 305
Address	10085	Address	11 60014
WAJKEGAJ IL	- (g (U 0 3)	City State	16 60044
-		-	·
Telephone (847) 33	6 - 9056	Telephone (347)	549 -8002
O. t. and an Occuptor	I AVE	City WAUFEGA)
3. Location - County	LAKE LICON	City WAUFEGA	
Street 180 SEA1	Blk Sub	division Name	
Section 22	Township 45	(N) Range	12 (E)
	rter of the NE/4	Quarter of the	Quarter
10074			
PERMANENT INDEX NO.	(P.LN.) EPA_ID_I	120000802827	-
	OMC-MW-2	•	
4. Water Well Information			
	b. The proposed well	will supply water for a:	
Water Well Information Type of Well Drilled X		will supply water for a: water system (Serves an o	wner occupied residence)
a. Type of Well	1. Private		
a. Type of Well Drilled X	1. Private 2. Semi-pr 3. Non-cor	water system (Serves an o ivate water system (Serve nmunity water supply (Ser	s less than 25 persons) ves 25 or more non-residents)
a. Type of Well Drilled X Driven	1. Private 2. Semi-pr 3. Non-cor	water system (Serves an o ivate water system (Serve:	s less than 25 persons) ves 25 or more non-residents)
a. Type of Well Drilled X Driven Dug Other	1. Private 2. Sami-pr 3. Non-cor X 4. Non-poi	water system (Serves an o wate water system (Serve nmunity water supply (Ser able water well (specify):	s less than 25 persons) ves 25 or more non-residents) Mo-31 Ton1-3 に い起し
a. Type of Well Drilled X Driven Dug	1. Private 2. Sami-pr 3. Non-cor 4. Non-pot Anticipated Depth 3 C	water system (Serves an o wate water system (Server nmunity water supply (Ser able water well (specify): Ft. Proposed Aquife	s less than 25 persons) ves 25 or more non-residents)
a. Type of Well Drilled X Driven Dug Other c. Diameter 2 FU(n) d. Is there another well on	1. Private 2. Sami-pr 3. Non-cor X 4. Non-pot Anticipated Depth 30 the property? [] YES [water system (Serves an o wate water system (Serves nmunity water supply (Ser able water well (specify): Ft. Proposed Aquife NO If YES, the well wi	Sess than 25 persons) ves 25 or more non-residents) MUJITORIJE WELL ON COJSOLIDATEO (5ANO)
a. Type of Well Drilled X Driven Dug Other c. Diameter 2 Fund d. Is there another well one, is the well to be sealed	1. Private 2. Sami-pr 3. Non-cor 4. Non-pot Anticipated Depth 3 C	water system (Serves an orivate water system (Serves nmunity water supply (Serves able water well (specify): Ft. Proposed Aquife INO If YES, the well will the system of	Sess than 25 persons) ves 25 or more non-residents) MUJITORIJE WELL ON COJSOLIDATEO (5ANO)
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a. Type of Well Drilled X Driven Dug Other c. Diameter 2 Ftutin d. Is there another well on e. Is the well to be sealed f. If yes to "e," the pit will in	1. Private 2. Semi-pr 3. Non-cor 3. Non-pot 4. Non-pot the property? [] YES [located in a pit? [] YES be eliminated by: [] Contra o retain pit:	water system (Serves an o ivate water system (Serves nmunity water supply (Ser able water well (specify): Ft. Proposed Aquife INO If YES, the well with X INO ctor [] Owner []	s less than 25 persons) ves 25 or more non-residents) MO-1 TOULD WAL or UN (0-) SOLIDATED (5 AND Il be: [] Used [] Sealed Retained
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Monitoring Well Sealing/Abandonment Procedures Waukegan Manufactured Gas and Coke Plant Site

- 1. Fill the riser and screen with neat cement grout starting from the base of the screen. Grout shall be placed by pumping under pressure through a tremie pipe. After 6 inches of grout has been placed in the bottom of the well, the discharge point of the tremie pipe shall be maintained at least 3 inches below the grout surface as the tremie pipe is gradually raised to the top of the well while injecting grout.
- 2. After the grout has been placed, remove the protective casing and posts. Remove all riser and piping above 3 feet below ground surface and backfill area to existing grade.

